



*Foundation*

**2017 Noah Z.M. Goetz Foundation  
Grant Program Application**

**TABLE OF CONTENTS**

Grant Program Description.....3

Important Dates.....3

Eligibility Requirements.....3

Application Requirements.....4

Grant Program Application.....6

Authorization for Use and Disclosure of Protected Health Information.....9

Media Release Form.....11

Grant Program Policies.....12

Frequently Asked Questions.....14

## **GRANT PROGRAM DESCRIPTION**

The purpose of the program is to provide grants of up to \$2,500 to North Carolinians who have been previously treated for infertility by a physician without success and are currently underway in, but have not completed, the domestic adoption process. The range of grant awards is \$500 - \$2,500. The program offers four annual grant cycles (March, June, September, December) in which applications are reviewed and selected. Grant awards can only be used for services not yet received and are dispersed directly to the grantees' domestic adoption service provider (adoption agency or attorney). Support is considered only for couples or individuals who are legal permanent U.S. residents and residing in the state of North Carolina. To be considered, all requested materials and a non-refundable application fee of \$50.00 must be received by the postmark deadline for the grant cycle in which funding is being sought.

## **IMPORTANT DATES**

### **Winter 2017 Grant Cycle:**

- Grant application postmark deadline: **March 15, 2017**
- Applicants notified of decision: **May 1, 2017**
- Grant money available: **May 15, 2017**

### **Spring 2017 Grant Cycle:**

- Grant application postmark deadline: **June 15, 2017**
- Applicants notified of decision: **August 1, 2017**
- Grant money available: **June 15, 2017**

### **Summer 2017 Grant Cycle:**

- Grant application postmark deadline: **September 15, 2017**
- Applicants notified of decision: **November 1, 2017**
- Grant money available: **November 15, 2017**

### **Fall 2017 Grant Cycle:**

- Grant application postmark deadline: **December 15, 2017**
- Applicants notified of decision: **February 1, 2018**
- Grant money available: **February 15, 2018**

## **ELIGIBILITY REQUIREMENTS**

To be eligible to apply to the Noah Z.M. Goetz Foundation Grant Program, applicants must meet all of the following requirements:

- For applicants who are a **couple**: At least one partner must have been diagnosed and treated for infertility **or** secondary infertility by a physician without success.
- For applicants who are **single**: The applicant must have been diagnosed and treated for infertility **or** secondary infertility by a physician without success.
- For applicants with **secondary infertility**: Diagnosis and treatment by a physician must have occurred after the birth of your last child.

### **All Applicants:**

- Are legal permanent U.S. residents residing in the state of North Carolina.

- Have concluded infertility treatments. Applicants may not be pursuing infertility treatment while simultaneously pursuing adoption.
- Have completed a valid home study within the last 12 months.
- Are associated with a licensed domestic adoption agency and/or attorney.
- Have not completed their adoption. Grant funds may only be used for services not yet received and may not be used to reimburse for completed adoptions.

## **APPLICATION REQUIREMENTS**

### **1. Personal Statement**

Please only address the questions below in a typed personal statement:

- *How did you arrive at the decision to transition from infertility treatment to ultimately choosing domestic adoption as the way to build your family?*
- *How did your definition of family change throughout the transition?*

While there is no minimum or maximum length requirement, please note that the personal statement is the most important factor considered in the selection process.

### **2. Home Study**

A copy of the applicant(s) valid home study completed within the last 12 months. Include only the home study report. The report must show the name and signature of the social worker and/or supervisor approving the home study and the date of approval.

### **3. 1040 Tax Return**

A copy of each applicant(s) most recent 1040 tax return (including Schedules C & E if applicable). The first page of the 1040 tax return must show the applicant(s) address in North Carolina. Please note that the 1040 tax return must be signed by the applicant(s) even if they were prepared by a third party.

### **4. Application**

Printed, completed, and signed copies of the following sections of this document:

- Grant Program Application (Page 6-8)
- Authorization For Use And Disclosure Of Protected Health Information (Pages 9-10)
- Media Release Form (Page 11)
- Grant Program Policies (Pages 12-13)

### **5. Application Fee**

A non-refundable application fee of \$50.00 in the form of cashier's check or money order payable to Noah Z.M. Goetz Foundation. The Foundation does not accept personal checks, cash or credit card payments for the application fee.

## **6. Mailing Instructions**

In preparing your application, please do not staple any documents together. Please also ensure that all documents are single-sided only.

The entire application should be mailed to:

Noah Z.M. Goetz Foundation  
Attention: Board of Directors  
P.O. Box 14531  
Durham, North Carolina 27709



## 2017 Noah Z.M. Goetz Foundation Grant Program Application

Please do not retype this application. Each question must be answered completely. If a question is not applicable to you, please mark it **N/A**. Please note that if you leave a question blank your application will be considered incomplete.

### Grant Cycle

Please circle the grant cycle in which you are applying. Only one cycle may be selected.

Winter 2017    Spring 2017    Summer 2017    Fall 2017

### Personal Information

Applicant #1 Name/Date of Birth: \_\_\_\_\_

Applicant #2 Name/Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Applicant #1 Occupation: \_\_\_\_\_

Applicant #2 Occupation: \_\_\_\_\_

How did you hear about Noah Z.M. Goetz Foundation? \_\_\_\_\_

Have you participated in the Noah Z.M. Goetz Foundation Education Program? If yes, please indicate the seminar (*Domestic Adoption 101*, *Domestic Adoption 102*, or both) and the date(s) in which you participated.

\_\_\_\_\_

\_\_\_\_\_

### Financial Information

What were your earnings last year?

Applicant #1: \_\_\_\_\_

Applicant #2: \_\_\_\_\_

What are your projected earnings this year?

Applicant #1: \_\_\_\_\_

Applicant #2: \_\_\_\_\_

What is your current total balance of savings and checking accounts?

Savings: \_\_\_\_\_ Checking: \_\_\_\_\_

What is the net worth of your retirement/IRA savings plan?

Applicant #1: \_\_\_\_\_

Applicant #2: \_\_\_\_\_

Do you own any stocks or bonds or have any other investments? If yes, please indicate the total portfolio value.

\_\_\_\_\_

### **Infertility Treatment Information**

Applicant(s) treated for infertility: \_\_\_\_\_

Fertility clinic and/or physician providing treatment: \_\_\_\_\_

Date fertility treatment concluded: \_\_\_\_\_

Total cost of fertility treatment: \_\_\_\_\_

Amount of above cost covered by health insurance: \_\_\_\_\_

Amount of above cost spent out-of-pocket: \_\_\_\_\_

### **Adoption Information**

Please provide the specific amount that you are looking to receive from \$500 - \$2,500: \_\_\_\_\_

If funded, what is the specific adoption expense the grant award will be used to off-set?

\_\_\_\_\_

\_\_\_\_\_

Name(s) of your adoption agency and/or adoption attorney: \_\_\_\_\_

\_\_\_\_\_

If adoption agency, name of caseworker: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

How are you funding your adoption? Please be specific as possible.

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Does your employer have adoption benefits? If *yes*, please explain and provide the dollar amount if applicable.

Applicant #1: \_\_\_\_\_

Applicant #2: \_\_\_\_\_

Are you applying for any other grants, loans, or financial assistance? If *yes*, please explain and give dollar amounts.

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Please indicate if you have received any of the assistance noted above and give dollar amounts.

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Please itemize your total adoption expenses and indicate what you have paid so far and what is outstanding. Attach extra sheets if needed.

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**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Because your home study and personal statement may contain medical information and the Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) protects patients from the unauthorized use or disclosure of protected health information about them, we request that all applicants sign this authorization which allows Noah Z.M. Goetz Foundation to view your protected health information within your home study and personal statement according to the terms herein.

**Applicant #1:**

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|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

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Address

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|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

**Applicant #2:**

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|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

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Address

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|      |       |     |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

**BY SIGNING BELOW, I AUTHORIZE THE USE AND DISCLOSURE OF MY PROTECTED HALTH INFORMATION ACCORDING TO THE TERMS HEREIN. I UNDERSTAND THAT ONLY PERSONS OR ENTITIES HAVING RIGHTS UNDER THIS AUTHORIZATION MAY USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THIS AUTHORIZATION.**

**A. Persons authorized to disclose and receive Protected Health Information:** I authorize any physician, physician practice group, dentist, hospital, nurse, medical laboratory, health plan, and any other health care provider, health insurance issuer or agent, affiliate or broker of any of the aforementioned (collectively “Providers”) possessing any past, current, or future medical records, including, but not limited to, physical or mental health information, (collectively “Protected Health Information”) to disclose to the Noah Z.M. Goetz Foundation, its agents, affiliates, independent contractors, service providers or other representatives (collectively “Recipient”) any and all such Protected Health Information as requested by Noah Z.M. Goetz Foundation. This Authorization permits and authorizes the disclosure, inspection, and copying of any and all records, reports and/or documents that contain my Protected Health Information, including, but not limited to, any

and all medical charts, clinical or doctors' notes (excluding psychotherapy notes), memoranda, radiology, pathology, or test reports, index cards, history notes, mental health records, pictures, patient management records, claims records, payment for the provision of healthcare and medical bills.

**B. Purpose of this Authorization:** I understand that the information obtained pursuant to this Authorization will be used by Recipient to determine whether to approve my grant application. Except as permitted by this Authorization, no Recipient will release any information obtained pursuant to this Authorization to any person or organization except: (1) pursuant to this Authorization, or (2) as may otherwise be lawfully required, or (3) as I may further authorize.

**C. Expiration:** I agree that this Authorization shall remain valid and enforceable for one year from the date of execution or until this Authorization is completed revoked by me, unless earlier terminated by applicable law. I understand that I may partially revoke this Authorization with respect to particular Recipients and this will not affect any other Recipient's rights hereunder.

**D. Voluntariness of the Authorization:** I understand that my signature and approval of this Authorization and its contents is voluntary; however, I understand that Recipient will not be able to properly administer my grant application without my signature and disclosures. Revocation of this Authorization must be made in writing to Noah Z.M. Goetz Foundation and shall be effective immediately upon Noah Z.M. Goetz Foundation's receipt of my revocation. However, revocation does not terminate any Recipient's ability to use my Protected Health Information already collected and will not be effective to the extent that a third party has taken action in reliance on this Authorization or a use or disclosure of my Protected Health Information prior to receiving my revocation.

**E. Reuse and Re-Disclosure:** I understand that disclosure of Protected Health Information to a Recipient pursuant to this Authorization may result in the disclosure of my Protected Health Information to third parties who are not covered by state or federal privacy law. In this case, I understand that my Protected Health Information may not be protected by the HIPPA Privacy Regulations and as a result may be subject to redisclosure by the Recipient and further more is no longer protected by federal or state privacy laws.

**BY SIGNING THIS AUTHORIZATION FOR RELEASE OF MY PROTECTED HEALTH INFORMATION, I UNDERSTAND AND AGREE TO THE STATEMENTS CONTAINED HEREIN AND AUTHORIZE THE USE AND DISCLOSURE OF MY PROTECTED HEALTH INFORMATION AS DESCRIBED HEREIN.**

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Applicant #1 Printed Name                      Applicant #1 Signature                      Date

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Applicant #2 Printed Name                      Applicant #2 Signature                      Date

**MEDIA RELEASE FORM**

Noah Z.M. Goetz Foundation will be entitled to use the applicant’s photo and biography in connection with the receipt of this grant, and we will give the applicant credit. To complete this form, the applicant will initial each of the paragraphs below in the spaces provided and sign and date this form.

**BY INITIALING AND SIGNING THIS PAGE, YOU ARE AUTHORIZING NOAH Z.M. GOETZ FOUNDATION, ITS SUBSIDIARIES, AND ITS SPONSORS TO RELEASE YOUR NAME, PHOTOGRAPHS, VIDEO, AND AUDIO RECORDINGS FOR MEDIA SOURCES.**

\_\_\_\_\_ I grant permission to Noah Z.M. Goetz Foundation and its subsidiaries and sponsors to use my name and/or photographs or video media in printed or electronic matter for use in publication and marketing materials. I further authorize the above entities to use my name and/or photographs or video media, or printed or electronic matter on its website or other electronic forms of media (“Marketing Materials”).

\_\_\_\_\_ I hereby waive any right to inspect or approve the finished photographs or video media in printed or electronic matter that may be used now or in the future, whether that use is known to me or unknown, and I waive my right to royalties or other compensation arising from or related to the use of photographs or video media in printed or electronic Marketing Materials.

\_\_\_\_\_ I hereby agree to release, defend, and hold harmless Noah Z.M. Goetz Foundation and its subsidiaries, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages, or liability arising from or related to the use of the photographs or video media in Marketing Materials.

\_\_\_\_\_ I have read this release before signing below and fully understand the contents, meaning, and impact of this release. I understand that I have had an opportunity to address any specific questions regarding this release by submitting those question to Noah Z.M. Goetz Foundation in writing prior to signing, and/or consulting an attorney of my own choosing and I agree that my failure to do so will be interpreted as free and knowledgeable acceptance of the terms of this release.

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Applicant #1 Printed Name                      Applicant #1 Signature                      Date

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Applicant #2 Printed Name                      Applicant #2 Signature                      Date

## **GRANT PROGRAM POLICIES**

1. This application is not and shall not be construed to be a contract, offer, or request for an offer to or from Noah Z.M. Goetz Foundation.
2. Applications must be postmarked by the grant application deadline for the cycle in which funding is being sought. The four postmarked grant application deadlines are: March 15, 2017 (Winter Grant Cycle), June 15, 2017 (Spring Grant Cycle), September 15, 2017 (Summer Grant Cycle), and December 15, 2017 (Fall Grant Cycle).
3. A complete application must include: (1) Personal statement, (2) Copy of the applicant(s) valid home study completed within the last 12 months, (3) Copy of each applicant(s) most recent tax return form (including Schedules C & E if applicable), (4) Printed, completed, and signed copies of the Grant Program Application, Authorization For Use And Disclosure Of Protected Health Information, Media Release Form, Grant Program Policies, (5) Non-refundable application fee of \$50 in the form of a cashier's check or money order payable to Noah Z.M. Goetz Foundation. We do not accept personal checks, cash, or credit card payments for the application fee.
4. Family members, close personal friends, past and present Board of Directors, and connections to the Board of Directors are prohibited from applying for grants.
5. Grant applicant(s) will be notified via e-mail when their application is received and notified of the Board of Directors' funding decision on May 1, 2017 (if applying for the Winter Grant Cycle), August 1, 2017 (if applying for the Spring Grant Cycle), November 1, 2017 (if applying for the Summer Grant Cycle), or February 1, 2018 (if applying for the Fall Grant Cycle).
6. Noah Z.M. Goetz Foundation reserves the right to contact applicant(s) by phone to clarify any information provided in the application or to conduct a telephone interview.
7. Due to the volume of applicants, please do not call to follow up on your application or to be sure we received it. If there are problems with your application we will contact you directly via e-mail.
8. Noah Z.M. Goetz Foundation is the sole judge of all grant applications. The role as judge includes, and is not limited to, evaluation of applications' responsiveness, appropriateness, and completeness. All evaluation decisions will be made by Noah Z.M. Goetz Foundation's Board of Directors and all decisions are final.
9. All applications submitted to Noah Z.M. Goetz Foundation become the property of Noah Z.M. Goetz Foundation following submission. Regardless of any markings identifying the submission or its contents as proprietary or confidential, Noah Z.M. Goetz Foundation reserves the right to disclose or use any information contained in the applications. Application information will be held by Noah Z.M. Goetz Foundation and will not be shared with third parties, except in the case of any perceived criminal activity, which would require the attention of legal authorities.

10. Checks in the awarded amount will be written out and mailed directly to service provider(s). Grantees do not receive the funds.
11. Grant funds must be utilized within 18 months of the award date. If recipient(s) does not use the money for the approved purposes specified by Noah Z.M. Goetz Foundation within 18 months of the date the grant is awarded, then the grant will be withdrawn and the funds will be redistributed to other applicants in the next grant cycle.
12. Grant funds can only be applied toward the expenses of a licensed adoption agency and/or adoption attorney. Grant funds will not be applied toward travel expenses of the applicant(s) or their adoption service providers.
13. If at anytime the recipient(s) terminate their adoption plan for any reason any remaining grant money will be forfeited and will return to Noah Z.M. Goetz Foundation for future distribution.
14. Applicant(s) may apply annually (defined as one grant cycle) but only receive one grant.
15. Grant recipient(s) will be expected to participate in the Noah Z.M. Goetz Foundation Family Building Blocks Gala the year in which they receive their grant.
16. Noah Z.M. Goetz Foundation will not reimburse for completed adoptions. Grant awards can only be used for services not yet received.
17. Because Noah Z.M. Goetz Foundation's grant selection process is highly confidential due to the sensitive materials reviewed by the Board of Directors, we are unable to discuss outcomes or results with anyone.
18. Noah Z.M. Goetz Foundation does not discriminate grant applicants on their race, color, age, gender, faith or religious conviction, sexual orientation, marital status, national and ethnic origin, disability, and veteran's status. All applicants are guaranteed and have access to all rights, privileges, programs, and activities developed, administered, and coordinated by Noah Z.M. Goetz Foundation.

By signing this application, I/we acknowledge that all of the information provided in this grant application is truthful and accurate. I/we understand, authorize, and agree that our complete application (including home study and personal statement, which may include personal identifying information and personal medical information) will be reviewed by the Noah Z.M. Goetz Foundation Board of Directors. Additionally, I /we authorize Noah Z.M. Goetz Foundation to contact the adoption service provider(s) that we have listed on our behalf to clarify or verify any of the information provided.

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|                           |                        |      |
|---------------------------|------------------------|------|
| Applicant #1 Printed Name | Applicant #1 Signature | Date |
|---------------------------|------------------------|------|

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|                           |                        |      |
|---------------------------|------------------------|------|
| Applicant #2 Printed Name | Applicant #2 Signature | Date |
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## **FREQUENTLY ASKED QUESTIONS**

### **What is the purpose of the Noah Z.M. Goetz Foundation Grant Program?**

The purpose of the program is to provide grants of up to \$2,500 to North Carolinians who have been previously treated for infertility by a physician without success and are currently underway in, but have not completed, the domestic adoption process.

### **What is the range of grant awards?**

The range of grant awards is \$500 - \$2,500.

### **How often are grants awarded?**

The program offers four annual grant cycles (Winter, Spring, Summer, and Fall) in which applications are reviewed and selected.

### **When is the deadline for submitting an application?**

- Winter Grant Cycle: Postmark deadline of March 15, 2017.
- Spring Grant Cycle: Postmark deadline of June 15, 2017.
- Summer Grant Cycle: Postmark deadline of September 15, 2017.
- Fall Grant Cycle: Postmark deadline of December 15, 2017.

### **Who can apply?**

To be eligible to apply to the Noah Z.M. Goetz Foundation Grant Program, applicants must meet all of the following requirements:

- For applicants who are a **couple**: At least one partner must have been diagnosed and treated for infertility **or** secondary infertility by a physician without success.
- For applicants who are **single**: The applicant must have been diagnosed and treated for infertility **or** secondary infertility by a physician without success.
- For applicants with **secondary infertility**: Diagnosis and treatment by a physician must have occurred after the birth of your last child.

### **All Applicants:**

- Are legal permanent U.S. residents residing in the state of North Carolina.
- Have concluded infertility treatments. Applicants may not be pursuing infertility treatment while simultaneously pursuing adoption.
- Have completed a valid home study within the last 12 months.
- Are associated with a licensed domestic adoption agency and/or adoption attorney.
- Have not completed their adoption. Grant funds may only be used for services not yet received and may not be used to reimburse for completed adoptions.

### **How often can we/I apply?**

You may apply annually, defined as one grant cycle (Fall, Winter, Spring, or Summer).

### **How do we/I receive the grant if awarded?**

A check in the awarded amount will be written out and mailed directly to the recipient(s) adoption services provider(s), i.e. adoption agency and/or adoption attorney. Grantees do not receive the funds.

**What constitutes a complete grant application?**

A complete application must include: (1) Personal statement, (2) Copy of the applicant(s) valid home study completed within the last 12 months, (3) Copy of each applicant(s) most recent 1040 tax return form (including Schedules C & E if applicable), (4) Printed, completed, and signed copies of the Grant Program Application, Authorization For Use And Disclosure Of Protected Health Information, Media Release Form, Grant Program Policies, (5) Non-refundable application fee of \$50 in the form of a cashier's check or money order payable to Noah Z.M. Goetz Foundation. We do not accept personal checks, cash or credit card payments for the application fee.

**Who sees and reviews our grant application?**

The Noah Z.M. Goetz Foundation Board of Directors reviews all applications and determines which will be funded.

**My family was awarded a grant in the past. May we receive another grant?**

No. Successful applicants may only receive one grant from Noah Z.M. Goetz Foundation.

**Why was our grant application rejected?**

Your application may be rejected for a number of reasons, the most common of which was submitting an incomplete application.

**Why is there an application fee?**

Due to the significant cost associated with our grant review process and the number of applicants seeking funding each cycle, Noah Z.M. Goetz Foundation requires a \$50 non-refundable processing fee to be included with the application. If you choose to withdraw your grant application for any reason, Noah Z.M. Goetz Foundation will send you a donation receipt for your application fee amount, but cannot refund the fee.

**Why must I submit my most recent 1040 form with my application?**

The most previous 1040 form provides verification of your legal residence in North Carolina and U.S. citizenship or permanent residency.

**If my grant application is accepted, does that mean I will be awarded a grant?**

Not necessarily. A successful application makes you eligible to receive a grant, but does not guarantee a grant. Awarding grants is decided at the sole discretion of the Noah Z.M. Goetz Foundation Board of Directors.

**How do we/I be notified when our grant application was received?**

Grant applicants will be notified via e-mail when their application is received.

**How will we/I be notified of the Board of Directors' funding decision and when can I expect an answer?**

Applicant(s) will notified via e-mail of the Board of Directors' funding decision on May 1, 2017 (if applying for the Winter Grant Cycle), August 1, 2017 (if applying for the Spring Grant Cycle), November 1, 2017 (if applying for the Summer Grant Cycle), or February 1, 2018 (if applying for the Fall Grant Cycle).

**Can I contact Noah Z.M. Goetz Foundation regarding my grant application?**

Due to the volume of applicants, please do not call to follow up on your application or to be sure we received it. If there are problems with your application we will contact you directly via e-mail.

**Does Noah Z.M. Goetz Foundation conduct interviews with grant program applicants?**

Noah Z.M. Goetz Foundation reserves the right to contact applicant(s) by phone to clarify any information provided in the application or to conduct a telephone interview.

**What happens to my application once I submit it?**

All applications submitted to Noah Z.M. Goetz Foundation become the property of Noah Z.M. Goetz Foundation following submission. Regardless of any markings identifying the submission or its contents as proprietary or confidential, Noah Z.M. Goetz Foundation reserves the right to disclose or use any information contained in the applications. Application information will be held by Noah Z.M. Goetz Foundation and will not be shared with third parties, except in the case of any perceived criminal activity, which would require the attention of legal authorities.

**If awarded a grant, how long do we/I have to use it?**

Grant funds must be utilized within 18 months of the award date.

**Can a grant ever be withdrawn?**

Yes. If the recipient(s) does not use the money for the approved purposes specified by Noah Z.M. Goetz Foundation then the grant will be withdrawn and the funds will be redistributed to other applicants in the next grant cycle. Further, if at anytime the recipient(s) terminate their adoption plan for any reason any remaining grant money will be forfeited and will return to Noah Z.M. Goetz Foundation for future distribution.

**If awarded a grant, how can it be used?**

Grant funds can only be used for services not yet received, and will only be applied toward the expenses of a licensed adoption agency and/or adoption attorney. Please note that grant funds may not be applied toward travel expenses of the applicant(s) or their adoption service providers. Further, grant funds may not be used for reimbursement of any kind or at any point during or after the adoption process.

**Following the Board of Director's selection, is feedback provided as to why a grant was or was not funded?**

Because Noah Z.M. Goetz Foundation's grant selection process is highly confidential due to the sensitive materials reviewed by the Board of Directors, we are unable to discuss outcomes or results with anyone.

**Do you have a non-discrimination policy?**

Yes. Noah Z.M. Goetz Foundation does not discriminate grant applicants on their race, color, age, gender, faith or religious conviction, sexual orientation, marital status, national and ethnic origin, disability, and veteran's status. All applicants are guaranteed and have access to all rights, privileges, programs, and activities developed, administered, and coordinated by Noah Z.M. Goetz Foundation.